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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014772

1. Entity Name
~~PAM CLAY REPAIRS AND PAINTING SERVICE LLC~~
Robert + Pam Clay Repairs & Painting Svc., LLC

Principal Place of Business	Mailing Address
909 GORDON AVENUE PENSACOLA, FL 32507 US	909 GORDON AVENUE PENSACOLA, FL 32507 US

04292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
10666 Silver Creek Dr Suite, Apt. #, etc.	10666 Silver Creek Dr. Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL 32507
Zip: 32507 Country: US	Zip: 325070 Country: US

4. FEI Number: 20-1654191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAY, PAM 909 GORDON AVENUE PENSACOLA, FL 32507	Name: Clay, Pam Street Address (P.O. Box Number is Not Acceptable): 10666 Silver Creek Dr. City: Pensacola, FL FL Zip Code: 325070

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Pamela J Clay 4-30-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLAY, PAM 909 GORDON AVENUE PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Clay, Pam 10666 Silvercreek Dr Pensacola, FL 32506	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Clay, Robert 909 Gordon ~~Ave~~ Pensacola, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Clay, Pam Please add. 10666 Silver Creek Dr. Pensacola, FL 32506	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	n/c amend was filed. OK to file AR	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	dcd deleted dissolution	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Pamela J Clay 4-30-05 (850) 393-0156
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #